



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES
APPLICATION FOR THE MISSOURI WIC APPROVED FOOD REVIEW

The application must be postmarked
by November 15, 2004.

Juice

PART 1. Applicant Use (This form must be completed for each product to be reviewed.)			
Name of Product (Print the name which is used for assigning UPC codes)		Name of Brand	List UPC Code
Please check one. This product is a: <input type="checkbox"/> Nationally Advertised Brand <input type="checkbox"/> Wholesale/Private Label <input type="checkbox"/> Grocery Store Brand <input type="checkbox"/> Other (Specify) _____			
Name of Company That Submitted This Product		Contact Person	
Please check all that apply. Your company is a: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Distributor <input type="checkbox"/> Grocery Store <input type="checkbox"/> Other (Specify) _____			
Mailing Address		City	State
			Zip Code
Phone		Fax	E-mail
1	Type of Container	<input type="checkbox"/> Can <input type="checkbox"/> Plastic Bottle <input type="checkbox"/> Glass Bottle <input type="checkbox"/> Other Specify _____	
2	Type of Drink	<input type="checkbox"/> 100% Natural Juice <input type="checkbox"/> Juice Drink <input type="checkbox"/> Beverage <input type="checkbox"/> Cocktail <input type="checkbox"/> Other Specify _____	
3	Type of Physical Form	<input type="checkbox"/> Frozen Concentrate <input type="checkbox"/> Ready-To-Serve <input type="checkbox"/> Shelf Stable Concentrate <input type="checkbox"/> Other Specify _____	
4	Size of Container	<input type="checkbox"/> 46 oz. <input type="checkbox"/> 12 oz. <input type="checkbox"/> 11.5 oz. <input type="checkbox"/> 32 oz. <input type="checkbox"/> Other _____	
5	Vitamin C Content _____ mg/100 ml of single strength juice		
6	Suggested Retail Prices - List prices for all sizes.		
7	Is this juice pasteurized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8	Does this juice contain food colors? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, please list the name of the colors used.
9	Does this juice contain non-nutritive sweeteners? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, please list the name of the non-nutritive sweetener used.
Signature of Applicant			Date
⑧			
PART 2. If you are a manufacturer, please list contact information on wholesalers/distributors of this product or Missouri. (Please use the backside of this form, if additional space is needed)			
Name of Wholesaler/Distributor		Contact Person	Phone Number
			Fax Number
PART 3. Missouri WIC Program Use Only			
Your product has been approved for the Missouri WIC Program. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reasons for Disapproval			
Signature of Person Who Evaluated the Application		Title	Date
⑧			

